

C.L. "BUTCH" OTTER - Governor RICHARD M. ARMSTRONG - Director DEBBY RANSOM, R.N., R.H.I.T - Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, Idaho 83720-0036 PHONE: (208) 334-6626 FAX: (208) 364-1888 E-mail: fsb@idhw.state.id.us

March 14, 2007

Mark Darrington, Administrator Autumn Haven of Rupert - Autumn Haven, Inc 924 Christian Way Rupert, ID 83350

License #: RC-789

Dear Mr. Darrington:

On February 8, 2007, a life safety code survey was conducted at Autumn Haven of Rupert - Autumn Haven, Inc. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

• Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Chris Laumann, Health Facility Surveyor, Facility Fire, Life Safety, and Construction Program, at (208) 334-6626.

Sincerely,

Team Leader

Health Facility Surveyor

Facility Fire Safety & Construction Program

CM/sc

c:

Mark Grimes, Supervisor, Facility Fire Safety & Construction Program



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February 16, 2007

Mark Darrington, Administrator Autumn Haven of Rupert - Autumn Haven, Inc 924 Christian Way Rupert, ID 83350

Dear Mr. Darrington:

On February 8, 2007, a life safety code survey was conducted at Autumn Haven of Rupert - Autumn Haven, Inc. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by March 10, 2007.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely.

MARK GRIMES

Supervisor

Facility Fire Safety & Construction Program

MG/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING 01 - ENTIRE BUILDING B. WING 13R789 02/08/2007 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 924 CHRISTIAN WAY **AUTUMN HAVEN OF RUPERT - AUTUMN HAVI RUPERT, ID 83350** (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID IĐ (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) R 000 Initial Comments R 000 The facility was found to be in substantial compliance with the fire and life safety requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on February 8, 2007. The surveyor conducting the survey was: Chris Laumann Health Facility Surveyor Facility Fire safety & Construction

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Bureau of Facility Standards

STATE FORM 6899 1FYF21 If continuation sheet 1 of 1

TITLE

(X6) DATE



BUREAU OF FACILITY STANDARDS P.O. Box 83720 Boise, ID 83720-0036 (208) 334-6626 fax: (208) 364-1888

ASSISTED LIVING Non-Core Issues Punch List

Facility Name		Physical Address	Phone Number	
Autema	Havren Assisted Living	924 Christian Jas	(208)	436-3200
Administrator	1 10 V (17)	The state of the s	ZIP-Code	
Mark Dag Survey Team Leader	consten	Rupe(+, ID	8339 Survey Date	
Survey Team Leader	7	Survey Type		
Chris Caumann		Fire life Safety.	2/8/07	
NON-CORE ISSUES				
ITEM RULE # 16.03.22		DESCRIPTION		DATE BFS RESOLVED USE
1. 415.00	Tuel the heating D	evices. No obcumentation of a red heating systems could	annual	
	inspection of fuel for	blus smaters anthony bar	€2	
	Found.	· J		
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Response Required Date	Signature of Facility Representative	······································		Date Signed
3/8/07	Verla Darring	for		02/08/07